

FILED APR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14828

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5625</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Auglaize T. S.</u>				c. LENGTH OF STAY (In this place) <u>3 Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mathews Nursing Home</u>				e. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>			
				f. STREET ADDRESS (If rural, give location) <u>Dillworth Rd. Rt. 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ada</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Piles</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1953</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 29 1876</u>		9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joe Parish</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Groom</u>		14. NAME OF HUSBAND OR WIFE <u>Fird Piles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fird Piles</u>			
				ADDRESS <u>Lebanon Mo. Rt. 2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>Dec.</u> , 195 <u>2</u> , that I last saw the deceased alive on <u>Dec.</u> , 195 <u>2</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joe Cunningham, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>4-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 11 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-15-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gilman</u>		ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1939

4.53.70

1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Channah me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.